Mental Health Drug Workgroup
5/6/05
2:00 – 4:00
Meeting Minutes

Meeting Started at 2:00

- To Dos, Timelines, and Agreements from 5/605 Meeting

Timelines for program starts and communication:

May, 2005	Antidepressant PDL education/communication
June, 2005	Frequent Narcotic Use Program education/communication
July 1st, 2005	PDL for Antidepressants
July 11th, 2005	Prior Authorization on Frequent Narcotic Users
August 1st, 2005	EPA and "off label" use of anti-epileptics
Sept, 2005	Duplicate therapy PA for antidepressants
Oct, 2005	PDL discussions on Anti-psychotics

Agreements:

- The workgroup reviewed the plan for our first Provider Education/Communication effort. The Academic Detailing of 120 providers and communication to the top providers related to antidepressant non-preferred use. The members agreed to give comment on the communication material by Monday 9th . The workgroup thought this a reasonable process.
- The workgroup reviewed the communication formats on evidence based reviews and "off label" rules for PA and agreed that these would be the tools for education/communication
- The workgroup reviewed and agreed with the business plan presentation for the DUR committee June 16th, 2005.

To Do:

- Dr. Bredin will need assistance in a review of the evidence-based use of gabapentin for restless leg syndrome.
- Ms. Blatt will provide the work group with the mapping of clients coming into the Medicaid programs for other programs. Others from the workgroup will contribute information on the processes and details for determining refills.
- Review the communication briefing for the above timeline.
- Review the slide show for the DUR meeting

OLD BUSINESS

- Minutes from previous meeting reviewed.
  - The minutes will be adjusted to show
    - Changes to the use of anti-epileptics and ETOH/Substance withdrawal (see minutes below)
    - Changes were made to the Topiramate and metabolic syndrome (see minutes below)
- Reviewed the "agreement" list – No changes or comments
- HIPPA requirements for the forms are compliant per the MAA AG. The Mental Health Community was worried about clinical notes being sent. MAA commented that redacted notes would be appropriate as long as there is information to satisfy the "off label" indications.

NEW BUSINESS

- Draft Evidence-Based Reviews for consideration in communication to provider.

  - J&J does not have any current nor planned studies for Topiramate and weight loss.

  - The workgroup discussed the indications of antiepileptic medications in ETOH and Substance **withdrawal** and came to the following recommendations.
    - Overview: There is little evidence to support the initial use of second line anti-epileptics in ETOH/Substance **withdrawal**. The studies are largely case reports and non-controlled case series. Use of valproate and carbamazepine in ETOH and Substance withdrawal have been found to be effective with good evidence based studies having an "A" level of evidence. Use of gabapentin, topiramate, levetiracetam do not have good evidence based studies and generally have a "C" level of evidence with no head-to-head studies comparing standard therapies to these more expensive therapies. Most articles showed high percent of side effects and intolerance with gabapentin.
      - "Off Label" use of Neurontin/gabapentin can be approved:
        - In acute ETOH/SA withdrawal with **a**ctive pancreatitis or liver failure when **benzodiazepines have failed or are contraindicated**

  - The workgroup discussed the use of antiepileptic medications in treating the metabolic syndrome
    - Overview – A search of Pubmed back 10 years showed no literature to support the use of Topiramate in metabolic syndrome. There are case reports, 1-2 years in duration with up to 11 kgs. of weight loss. This weight loss can correct hyperglycemia in reported cases. Rainer School stated that they concentrate on calorie reductions over weight reduction drugs. The evidence is generally "D" level with no controlled studies or head-to-head studies comparing standard therapies to the more expensive therapies. The group discussed the literature of weight reduction and changes to metabolic parameters (i.e. in morbid obesity a 5% reduction can reduce hyperglycemia).
      - "Off Label" use of Topiramate can be approved:
        - **Topiramate maybe approved as an exception to rule for non-covered drugs when 1) the client has metabolic syndrome caused or worsened by the metabolic side-effects of some anti-psychotics (i.e. ziprasidone, aripiprazole, or possibly risperidone), and 2) is unable to change to another anti-psychotic, and 3) other attempts at weight reduction have been documented as tried and failed.**

  - The Workgroup discussed the use of Neurontin/gabapentin in headaches
    - Overview – A search of Pubmed showed only one study for Neurontin/gabapentin in chronic daily headaches. With migraine headaches there are two studies. The 2004 consensus guidelines from the American Academy of Neurology stated that Neurontin/gabapentin was _____. There is "B and C' level evidence for prophylaxis of migraine with gabapentin but there were no comparisons with other FDA label agents such as topiramate, valproate, and propranolol. There are some economic studies that prophylaxis therapies are not economically sound unless the patient has a fair number of migraines that cannot be controlled with abortive therapies.

- The work group discussed prior authorization criteria for non-refill, non-endorsing providers writing for non-preferred antidepressants. The workgroup agreed that the following criteria apply:
  - Tried and failed two preferred agents at an appropriate dose (maximum dose) and duration (4 weeks) or;
  - Sound clinical rationale for a non-preferred new start (e.g. drug/drug interaction)

- Ms. Blatt indicated that MAA and DOC are working on a mapping of refills related to clients moving from DOC to MAA and other sectors of the community. The discussion focused on the elements related to determination of refill, continuation of care, and how to put a diagnosis on the script. Ms. Blatt and Mr. Rossi are collecting the points of access and how the clients come into DSHS with or without a script. DOC commented that there are clients frequently given a 30-day supply of samples without a script and referred to the community clinics. More to follow at our next meeting.

- The group discussed the communication planning and points of contacts. These include the medical and specialty associations, through the MAA Web site (under construction), Epocrates, the Stakeholder group, RSN administrators, CHPW/Molina, Public Health official in Counties, Broadcast fax to the providers, and WSPA/WSMA. MAA will prepare a communication briefing for the Workgroup's review. Bob Perna has a very broad fax distribution list we may be able to use.